

formed. He was, therefore, obliged to trust to swathing and compression, and his patient entirely recovered without any untoward or disagreeable occurrence whatever. My friend, the surgeon, was very much surprised at the result, which he called a case of "*spontaneous cure of aneurism.*" But whether he ever published it, as he told me that it was his intention to do, I am unable to say.

Some years afterwards, I was called to a man of some standing in society, and who owned and lived in the house of one of the former governors of this State, then deceased. From some pecuniary disasters, he had become partially insane, and attempted suicide by throwing himself into a well. Not succeeding in this, by his being timely extricated, he made an attempt to bleed himself to death by chopping off one of his hands with an axe. He struck the edge of it into the wrist of his left arm near the place where we usually feel the pulse. But as he did not succeed in the amputation by the first blow, he was seen and prevented from doing himself further injury. He however cut off the radial artery, and all the soft parts to the bone. When I arrived, I found the part held together and the surrounding parts firmly compressed by a strong and determined friend of the family. As he had stopped the hemorrhage by this compression, and as it did not return in any considerable degree when he loosened his hold, I determined to trust to bandaging the limb and bringing the parts together with compressing and dressing the wound. The loss of blood might have had a favorable effect upon his mania, as he did not afterwards attempt self-destruction. The hemorrhage never returned. The incision healed by the first intention, and his recovery was speedy and complete.

Among the variety of interesting, instructive and entertaining articles, with which your Journal is weekly fraught, I have been myself very much delighted with Dr. TABOR's *Historical Sketches of Tobacco*. I think the doctor deserves the thanks of the profession for the able, useful and scientific manner in which he has treated the subject.

I remain as ever, Sir, your most ob't,

Lebanon, Conn., April, 1845.

JOSEPH COMSTOCK, M.D.

ATROPHY OF THE LEFT LUNG.

By Lafayette Perkins, M.D., Farmington, Maine.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. ARMSBY, aged about 60, widow of N. Armsby, Esq., of Farmington, deceased at Bloomfield, July 25th, 1844. She was conveyed to this town with care, and by request an examination took place at the dwelling house of her relative, Dr. Phillips, 24 hours after her decease.

Although the morbid appearances gave evidence of a disease of long standing of the left lung and pleura, yet it is understood that she had but little morbid expectoration or cough, and with the exception of a sickness some time in 1841, and once about a year before her decease, at which time she was under the care of her relative, Dr. Crosswell, of Mercer,

she appeared to enjoy tolerable good health, inclining rather to the *embon-point*, and without any marked or well-defined disease of the chest until her last sickness and a few weeks before her death. This case may be interesting to most private practitioners, on account of the peculiarities of the morbid state of the lung and pleura, and the comparatively silent manner in which the disease had progressed. She had the operation of paracentesis thoracis for dropsy of the left side performed at Bloomfield by Dr. Bates, of New York, in her last sickness, with some relief.

External view.—Skin fair, emaciation not remarkable, some very black, well-defined, round spots, about the size of a ten cent piece (not elevated) on the back of the neck and shoulders, apparently different from those caused by the settling of the blood in depending parts. Left side of the chest some flattened anteriorly, sound dull on percussion, fluctuation not perceptible.

Section over sternum.—parietes dissected back. Sterno-costal cartilages on the left side some flattened, semi-ossified, and very hard to cut, while those on the right were normal and cut with ease. On raising the sternum, adhesions of the mediastinum strong. Left side of the chest full of serous fluid of a bloody tinge, in which floated numerous ragged flocculi of yellowish color, having the appearance of dissolved lung or membrane (false membrane?). The fluid having been discharged, the cavity of the left side of the chest appeared entirely empty, and destitute of any lung in situ. All the lining membrane on this side was *rough, thickened and nearly as black as ink*, the shade or green very slight; odor not offensive. Was this a specimen of melanosis? See Laennec, p. 413; Bigelow's Hall, p. 175 and 176. Pericardium thickened on its left side, its upper part being about half an inch in the thickest part, and of a scirrhus hardness. It contained about four ounces of water of a red tinge. Its internal coat was slightly inflamed, and a blush of inflammation was observed on the commencement of the arch of the aorta, apparently recent, and which did not extend on to the heart. Heart normal, excepting some atrophy, particularly of the right ventricle; internally, valves, &c., free from any change.

Right lung large, filling the chest on its side, or nearly so, free from tubercles, and, as well as the pleura, free from inflammation and apparently normal. Quite a contrast between the membranes on this side and those of the left; these of the natural color, those black and rough.

On passing the hand down to the root of the lung of the left side, a hardened substance was felt, as if it were a tumor. Removed the heart and lungs from the chest for better examination. Said hardened substance proved to be the left lung condensed to the size of the palm of the hand, thin at its edges, and about an inch in the thickest part, united firmly with the posterior mediastinum, and slightly at its upper edge with the pleura costalis on the interior of the first and second ribs. Substance, dark and of a greyish aspect, of a hard inelastic structure, void of air cells or tubes, of a tubercular or granular feel, and atrophied to a mere cake, very much as described by Gross in his Pathology, Vol. II. p. 69.

Looked in upon the liver and stomach ; there being no appearance of disease, abdominal exploration was not proceeded with.

I would, *en passant*, observe that there were considerable remains of the thymus gland, which is said sometimes to remain late in life. This is the first time that it happened to fall under my notice in the adult.

SURGICAL OPERATIONS WITHOUT PAIN.

MR. JOURNALIST,—The communication from "O." in your No. for April 23d, reminds me of the following statement by Dr. Paine, contained in the March No. of the New York Medical Journal, and which should be recorded in connection with Dr. Doane's certificate of the "high character of Dr. Bodinier" published in the Boston Journal, No. 26, Vol. XXXI. This, with Dr. D.'s and "O."s communications, may serve as the foundation of a "ballad" worth "buying."

Say to "O." that I am much obliged to him for his respectful notice of myself, and for naming me among the "five or six honest wives that were present."

Respectfully yours,

April, 1815.

"JOHN NOKES, of Texas."

"MR. EDITOR.—Dear Sir,—In a letter of the 11th inst., addressed to myself, you desire me to state what I witnessed of the firmness of a young gentleman, upon whom the operation of exsection of the inferior maxillary bone was performed by Professor Mott, 'and the reflections to which it gave rise, as bearing on the subject of alleged surgical operations without pain in the mesmeric state.'

"The case to which you refer is briefly reported in the January No. of the New York Journal of Medicine, by some person, who, like myself, was present at the operation. The subject is there stated to have been 'a fine intelligent young man, whose *heroic deportment* greatly facilitated the operation.'

"Perhaps it is enough that I should have quoted the expressive language of one, who appears to have looked on with the same admiration as myself; though these examples of 'heroic deportment' are common enough in the walks of surgery, especially among females; and that, too, without mesmeric imposture. The same eminent surgeon, who operated in the case which is the subject of these remarks, will tell you that he has extirpated many breasts, rendered highly sensitive by carcinomatous disease, without observing any evidence of pain. But there was something in the case of Mr. Baker, which certainly better deserved the encomium of 'heroic,' than anything I had ever before seen or heard of, or even imagined as within the compass of human fortitude.

"This case, therefore, is interesting at this moment, as evincing a perfect capability of enduring the most intense, and sudden, and prolonged pain, without emotion, and as forming a test by which 'the subject of alleged surgical operations without pain in the mesmeric state,' will receive the explanation which you seek.

"The case is also physiologically interesting, and interprets the com-